

Simplified Finance Solutions	PERSONAL I	FINANCIA	L STATEN	MENT As of		, 19	
Complete this form for: (1) each proprietor, or (2) eac 20% or more of voting stock, or (4) any person or en	ch limited partner wh	no owns 20%	or more inter	est and each gener	al partner, or (3) ea	ch stockholder owning	
Name	my promaining a guard		Business Phone				
Residence Address		Residence Phone					
City, State, & Zip Code							
Business Name of Applicant/Borrower							
ASSETS	(Omit Cer	nts)		LIA	BILITIES	(Omit Cents)	
	\$ \$	Insta	Accounts Payable				
Total	\$	Net \	Net Worth				
Section 1. Source of Income		Cont	ingent Liabi				
Salary  Net Investment Income  Real Estate Income  Other Income (Describe below)*  Description of Other Income in Section 1.	\$ \$ \$	As E Lega Provi	ndorser or Co I Claims & Ju sion for Fede	o-Maker	\$\$\$\$\$\$\$\$\$\$		
*Alimony or child support payments need not be disclosed	(Use attachm	nents if neces	sary. Each at		oward total income. identified as a part of	of	
			rent Payment Frequency How Secured or Endorsed				
	DaidHCE	Balance	AIIIUUIII	(monuny,etc.)	туре	oi collateral	

Section 3.							
Number of Shares	Name o	of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value	
					3		
				+			
Section 4.		(List each parcel separatel	ly. Use attachment if	necessary. Each attac	hment must be identified	as a part	
		of this statement and signed Property A	ed.)	Property B	P	Property C	
Type of Property		. ,					
Address							
Date Purchased							
Original Cost							
Present Market Value	е						
Name & Address of Mortgage	e Holder						
Mortgage Account N	lumber						
Mortgage Balance							
Amount of Payment	per Month/Year						
Status of Mortgage							
Section 5.				edged as security, state na ent, describe delinquency)	ame and address of lien hold	der, amount of lien, terms	
Section 6. Unp	paid Taxes. (De	escribe in detail, as to type,	to whom payable, wh	nen due, amount, and to	what property, if any, a to	ax lien attaches.)	
Section 7. Oth	er Liabilities. (De	escribe in detail.)					
Section 8. Life	Insurance Held.	(Give face amount and co	ash surrender value	of policies - name of ins	urance company and ber	neficiaries)	
above and the state	ements contained in t guaranteeing a loan.	iries as necessary to verify the attachments are true an I understand FALSE stater	nd accurate as of the	stated date(s). These sta	atements are made for th	ne purpose of either	
Signature:			Date:	Social	Security Number:		
Signature:			Date:	Social	Security Number:		
NOTES:							